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OF PAGES (INCLUDING COVER): 17 FILE NAME: 17637(BOT) [ALLE0039-100]
DATE: September 19, 2005 FILE #: 148627

RECIPIENT(S)	PHONE	FAX
USPTO	Patent Office	571-273-8300

In re application of: Eric R. First
Serial No.: 10/731,973
Filed: December 9, 2003
Examiner: TONGUE, Lakia J.
Group Art Unit: 1645
Confirmation No. 6433
For: BOTULINUM TOXIN THERAPY FOR SKIN DISORDERS

Papers: Transmittal Form; Fee Transmittal Form (2pp); Amendment And
Request For Reconsideration; citations: (1) Bushara K., Otolaryngol Head Neck
Surg 1996; 114(3):507 and (2) Dugan et al. Mov Disord, 10(3):376:1995; Exhibits 1 & 2.

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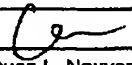
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/731,973
	Filing Date	December 9, 2003
	First Named Inventor	Eric R. First
	Art Unit	1645
	Examiner Name	Lakia J. Tongue
Total Number of Pages in This Submission	Attorney Docket Number	17637 (BOT) [ALLE0039-100 (166233)]

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): citation: Bushara K., Otolaryngol Head Neck Surg 1996; 114(3):507; citation: Dugan et al. Mov Disord, 10(3):376:1995 EXHIBITS 1 & 2
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	Sep 19, 2005	Reg. No.	48,957

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Signature			
Typed or printed name	Quan L. Nguyen	Date	Sep 19, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL for FY 2005</h2>		Complete if Known Application Number: 10/731,973 Filing Date: December 9, 2003 First Named Inventor: Eric R. First Examiner Name: Lakia J. Tongue Art Unit: 1645 Attorney Docket No.: 17897(BOT) [ALLE0039-100 (166233)]	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<div style="text-align: right; border: 1px solid black; padding: 5px;"> RECEIVED CENTRAL FAX CENTER SEP 19 2005 </div>	
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)

50	25
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Multiple dependent claims

200	100
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Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

12 -20 or HP= 0 x 0 = 0

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

4 - 3 or HP= 1 x 200 = 200

HP = highest number of independent claims paid for, if greater than 3.

09/21/2005 MBINAS 00000001 501275 10731973

01 FC:1252 450.00 DA

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

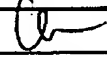
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2 mo extension**Fees Paid (\$)**420**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	46,957	Telephone	215-666-2168
Name (Print/Type)	Quan L. Nguyen	Date	Sep 19, 2005		

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